

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481

OMB 3060-0986

OMB 3060-0819

Avg. Burden Estimate per Respondent: 20 Hours

<010> Study Area Code	421882
<015> Study Area Name	Fidelity Telephone Company
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Carla Cooper
<035> Contact Telephone Number: Number of the person identified in data line <030>	573-468-1218
<039> Contact Email: Email of the person identified in data line <030>	carla.cooper@fidelitycommunications.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	X	
<200> Outage Reporting (voice)	(complete attached worksheet)	X	NA
<210> <input type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	X	
<310> Detail on Attempts (voice)	(attach descriptive document)	NA	
<320> Unfulfilled Service Requests (broadband)	0	X	
<330> Detail on Attempts (broadband)	(attach descriptive document)	NA	
<400> Number of Complaints per 1,000 customers (voice)		X	NA
<410> Fixed	0		
<420> Mobile			
<440> Number of Complaints per 1,000 customers (broadband)		X	
<450> Fixed	0		
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	X	X
<510>	(attach descriptive document)	X	X
<600> Functionality in Emergency Situations	(check to indicate certification)	X	X
<610>	(attach descriptive document)	X	X
<700> Company Price Offerings (voice)	(complete attached worksheet)	X	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	X	
<800> Operating Companies and Affiliates	(complete attached worksheet)	X	X
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	N	
<1000> Voice Services Rate Comparability	(check to indicate certification)	Y	
<1010>	(attach descriptive document)	NA	
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	Y	
<1110>	(complete attached worksheet)	NA	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		X

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	NA	
<2005>	(complete attached worksheet)	NA	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	Y	
<3005>	(complete attached worksheet)	X	

**(100) Service Quality Improvement Reporting
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) No
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) NA

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service

421882mo112.pdf

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
<114> Report how much universal service (USF) support was received
<115> How (USF) was used to improve service quality
<116> How (USF) was used to improve service coverage
<117> How (USF) was used to improve service capacity
<118> Provide an explanation of network improvement targets not met in the prior calendar year

x
x
x
x
x
NA

April 2014

[illegible]

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[illegible]

(800) Operating Companies and Affiliates

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com
<810>	Reporting Carrier	Fidelity Telephone Company
<811>	Holding Company	Fidelity Communications Company
<812>	Operating Company	Fidelity Telephone Company

[illegible]

**(900) Tribal Lands Reporting
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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com
<910>	Tribal Land(s) on which ETC Serves	NA
<920>	Tribal Government Engagement Obligation	Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1110) No Terrestrial Backhaul Reporting
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<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers

Lifeline

FCC Form 481

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 421882mo1210.pdf
Name of attached document (.pdf)

<1220> Link to Public Website HTTP _____

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2005) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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<030>	Contact Name - Person USAC should contact regarding this data	Carla Cooper
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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information _____

(3005) Rate Of Return Carrier Additional Documentation

Data Collection Form

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

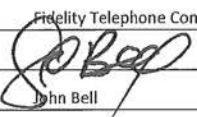
(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attached Document Listing Required Information	421882mo3010.pdf
(3011)	Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), any rate of return carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input checked="" type="checkbox"/>	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}	Name of Attached Document Listing Required Information	421882mo3012.pdf
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	<input checked="" type="checkbox"/> (Yes/No)	
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	<input checked="" type="checkbox"/> (Yes/No)	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/> na	
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/> na	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	na
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :	<input checked="" type="checkbox"/> (Yes/No)	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input checked="" type="checkbox"/>	
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>	
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>	
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	<input type="checkbox"/> na	
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/> na	
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/> na	
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/> na	
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	421882mo3026.pdf

**Certification - Reporting Carrier
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.									
Name of Reporting Carrier: Fidelity Telephone Company									
Signature of Authorized Officer: 								Date: 6/30/15	
Printed name of Authorized Officer: John Bell									
Title or position of Authorized Officer: CFO, Vice President									
Telephone number of Authorized Officer: 573-468-1268									
Study Area Code of Reporting Carrier: 421882 Filing Due Date for this form: 7/1/2015									
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

REDACTED - FOR PUBLIC INSPECTION

REDACTED

[The Progress Report of Fidelity Telephone Company Filed Pursuant to 47 C.F.R. § 54.313(a)(1) is redacted in its entirety as Highly Confidential Information]

Fidelity Telephone Company (Fidelity)

SAC 421882

Missouri

FCC Form 481 – Line 610

Description of Functionality in Emergency Situations

- 1) Fidelity maintains a Disaster Recovery manual, which has been filed with the Missouri Public Service Commission.
- 2) Fidelity has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.
- 3) Specifically, each of Fidelity's host and remote switches are equipped with a 48 volt battery system capable of powering the equipment for 8 hours with no outside power source. A backup generator capable of running for an extended number of days is also located at each switch. Our Digital Loop Carrier equipment are equipped with a 48 volt battery system, capable of powering the equipment for 6 hours with no outside power source. Each DLC is equipped with a generator connection for powering the equipment with portable generator. Our network monitoring system notifies us of any power outages.

Fidelity has built redundant facilities between its exchanges and also back to its toll facilities which exit to the public switch telephone network. This redundant facility is in the form of SONET and Ethernet ring architecture. Fidelity takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its own network during such events.

Fidelity Telephone Company (Fidelity)

SAC 421882

Missouri

FCC Form 481 – Line 1210

Description of Lifeline Terms and Conditions

- 1) See below for Fidelity's Customer Application for Lifeline customers.
- 2) All of Fidelity's Lifeline customers receive unlimited local calling minutes at a rate of \$6.75.
- 3) Fidelity provides toll calling equal access for all Lifeline customers to 20 interexchange carriers (IXCs). The rates, terms and conditions of their toll carrier offerings are made by the IXCs, not by Fidelity.
- 4) Fidelity provides lifeline rates on their website, however details to qualify for lifeline is available and offered by customer service representatives, newspaper advertisements, bill inserts and flyer in various community locations.



MISSOURI APPLICATION FOR THE LIFELINE OR DISABLED PROGRAMS

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of \$15.75. The Disabled program offers a \$6.50 monthly discount. To apply complete this form and also submit proof of eligibility.

Eligibility Criteria	
Lifeline Program	Disabled Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>	<input type="checkbox"/> Veteran Administration Disability Benefits <input type="checkbox"/> State Blind Pension <input type="checkbox"/> State Aid to Blind Persons <input type="checkbox"/> State Supplemental Disability Assistance <input type="checkbox"/> Federal Social Security Disability

Applicant's Full Name:	Birth Date:	Social Security # (last 4 digits):	DCN:*
Name on Voice Service Account (If different from Applicant):		Customer Contact Telephone Number:	
Customer's Full Residential Service Address (no P.O. Boxes): Street: City, Town, Zip:		Is this address a temporary address? Yes / No <i>(circle the appropriate response)</i> <i>(If "yes" then must verify address every 90 days.)</i>	
Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no" please provide billing address):</i>			

*This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.



MISSOURI APPLICATION FOR THE LIFELINE OR DISBALED PROGRAMS

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

_____ I certify I have _____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

Signature of Customer _____

Date _____

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$15,890	\$21,506	\$27,122	\$32,738	\$38,354	\$43,970	\$49,586	\$55,202	+ \$5,616/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve

Company Use Only:

Type of Document reviewed: _____

Expiration Date: _____

Method Provided: _____

I hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official _____

Signature _____

Date _____

FIDELITY COMMUNICATIONS, Attn: Lifeline Department, 64 N. Clark St, Sullivan MO 63080
Telephone: (573) 468-8081 • Toll Free: (800) 392-8070



MILESTONE CERTIFICATION

June 29, 2015

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street SW
Room TW-A325
Washington, D.C. 20554

Re: Form 481 Line 3010 - Milestone Certification Pursuant to 47 C.F.R. § 54.313(f)(1)(i)

Dear Ms. Dortch:

Fidelity Telephone Company, Study Area Code 421882, in accordance with 47 C.F.R. § 54.313(f)(1)(i) of the Commission's rules, hereby certifies that it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "John Bell", is written over a horizontal line.

John Bell
CFO, Vice President

Fidelity Telephone Company (Fidelity)

SAC 421882

Missouri

FCC Form 481 – Line 510

Description of Service Quality Standards and Consumer Protection Rules Compliance

- 1) Fidelity complies with the service standards of the state of Missouri as promulgated in Missouri regulations 4 CSR 240 Chapters 32 and 33 (even though compliance with these regulations as been waived by the Missouri Public Service Commission). Fidelity is committed to providing the highest quality service to its customers.
- 2) Fidelity complies with all of the requirements of 47 C.F.R. § 64 Subpart U, Customer Proprietary Network Information, Subpart Y, Truth in Billing Requirements for Common Carriers, and Subpart K, Cramming rules as well as Federal Trade Commission 16 C.F.R. § 681, Identity Theft Red Flags rules.

Fidelity Telephone Company (Fidelity)

SAC 421882

Missouri

FCC Form 481 – Line 3012

Community Anchor Institutions Newly Receiving Broadband in 2014

New Haven Care Center, 9503 HWY 100, New Haven, MO 63068

REDACTED - FOR PUBLIC INSPECTION

REDACTED

**[The Financial Report of Fidelity Telephone Company is redacted in its
entirety as Highly Confidential Information]**